ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. *139*
Registered No. *707*

1. PLACE OF BIRTH
County *Gila* State *Arizona*

District or Township _____ or Village _____

City *Miami* No. *1518 Live Oak Canon* St., _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Genovive Aguayo*
) If child is not yet named, make
) supplemental report, as directed.

3. Sex of Child *Female*
To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? *Yes*
7. Date of birth *Oct 9 - 1930*
Month Day Year

8. FATHER
Full name *Angel Aguayo*

14. MOTHER
Full maiden name *Virginia Molina*

9. Residence (Usual place of abode) *Miami Arizona*
If non-resident, give place and state.

15. Residence (Usual place of abode) *Miami Arizona*
If non-resident, give place and state.

10. Color or race *Mex.*
11. Age at last birthday *49* (Years)

16. Color or race *Mex.*
17. Age at last birthday *30* (Years)

12. Birthplace (city or place) *Chihuahua Mex.*
(State or country)

18. Birthplace (city or place) *Chihuahua Mex.*
(State or country)

13. Occupation
Nature of Industry *Miner*

19. Occupation
Nature of Industry *Housewife*

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.) *8*
(a) Born alive and now living *7*
(b) Born alive but now dead *1*
(c) Stillborn *0*

21. Were precautions taken against ophthalmia neonatorum? *Yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was *born alive* at *2 A* m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature *Cyril M. Crow M.D.*
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____

Address *Miami, Arizona*

Filed *Jan 10, 1931* *C. E. _____*
Registrar.
Registrar.

716-1009-541